Application Data Sheet

INVENTOR INFORMATION Inventor One Given Name:: Michael Dewayne Finke Family Name:: Name Suffix:: Postal Address Line One:: 8115 Forest Common Court Houston State or Province:: TXU.S.A. Country:: Postal or Zip Code:: 77095 City of Residence:: Houston State or Province of Residence:: ΤX U.S.A. Country of Residence:: Citizenship Country:: U.S.A. Inventor Two Given Name:: Doyle Raymond Family Name:: Warren Name Suffix:: ΙΙ Postal Address Line One:: 3410 Meadowhill Court City:: Spring State or Province:: ΤX Country:: U.S.A. Postal or Zip Code:: 77388 City of Residence:: Spring State or Province of Residence:: ΤX U.S.A. Citizenship Country:: U.S.A. ij Inventor Three Given Name:: Cili Family Name:: Sun Name Suffix:: Postal Address Line One:: 4622 Jaymar Drive City:: Sugar Land State or Province:: TXCountry:: U.S.A. 77479 Postal or Zip Code:: City of Residence:: Sugar Land State or Province of Residence:: Country of Residence:: U.S.A. Citizenship Country:: U.S.A. Inventor Four Given Name:: Bipin Kumar Family Name:: Pillai Name Suffix:: Postal Address Line One:: 201 S. Heights Blvd. #226 City:: Houston State or Province:: ТX

U.S.A.

77007

U.S.A.

TX

Houston

Country::

Postal or Zip Code::

City of Residence::

Country of Residence::

State or Province of Residence::



Citizenship Country::

India

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 23505

Name Line One:: Shannon W. Bates

Name Line Two:: CONLEY, ROSE & TAYON, P.C.

Address Line One:: P.O. Box 3267

Address Line Two:

City:: Houston

State or Province:: TX

Postal or Zip Code:: 77253-3267
Telephone:: 713-238-8000
Fax:: 713-238-8008

Electronic Mail:: Sbates@crtlaw.com

APPLICATION INFORMATION

Title Line One:: Downlink Telemetry System

Title Line Two::
Total Drawings Sheets:: 8

Formal Drawings:: No

Application Type:: Utility

Docket Number:: 1391-22400SWB

REPRESENTATIVE INFORMATION

Registration Number One:: 23505
P47-412

Registration Number Two::

CONTINUITY INFORMATION

This application is a::

>Application One::

Filing Date::

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